

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016857

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 234

Primary Registration District No. 5716

Registrar's No. 20

FILED APR 23 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo-Walker		c. CITY OR TOWN California, Mo	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-Star Rt.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Prarie Home Star Rt.
3. NAME OF DECEASED (Type or print) First Charles Middle Elmer Last Hader		4. DATE OF DEATH Month April Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/5/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Former		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Enon, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Hader	
13b. MOTHER'S MAIDEN NAME Martha Cunningham		14. NAME OF HUSBAND OR WIFE Celia Hader	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. 00	
17. INFORMANT Mrs Celia Hader-California, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION California, Mo		20g. COUNTY California	
20h. STATE California		21. I attended the deceased from 1954 to 4/14/63 and last saw him alive on 4/14/63 Death occurred at 6/1A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Leon M. Sallagher		22b. ADDRESS California, Mo	
22c. DATE SIGNED 4/15/63		22d. NAME OF CEMETERY OR CREMATORY City Cemetery	
22e. LOCATION (City, town, or county) California, Mo		22f. STATE California	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/16/63	
23c. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo		23d. ADDRESS 4-16-63	
23e. DATE RECD. BY LOCAL REG. 4-16-63		23f. REGISTRAR'S SIGNATURE William L. Popejoy	

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 24 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack H. Bocalin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.